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COMMITTEE ON
FINANCIAL SERVICES

Subcommittee on
CAPITAL MARKETS AND
GOVERNMENT-SPONSORED ENTERPRISES
Housing and Infrastructure

FAX COVER SHEET FROM THE DESK OF

(b) (6)

Constituent Services Representative

210 W. Birch St., #201, Brea, CA 92821

(b) (6)

Phone: 714-255-0101

Fax: 714-255-0109

TO: (b) (6)

FAX: (b) (6)

DATE: 5-25-16

NUMBER OF PAGES (INCLUDING COVER): 3

REMARKS: Please review and
acknowledge.
Thank you



OSD006967-16/CMD008906-16

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Subcommittee

CAPITAL MARKETS AND
GOVERNMENT-SPONSORED ENTERPRISES
HOMELAND AND INSURANCE

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

First Name: (b) (6) Last Name: (b) (6)
Address: (b) (6)
City: (b) (6) Zip: (b) (6) State: CA
Phone (H): (b) (6) Phone (W): (b) (6)
Phone (C): (b) (6)
Date of Birth: (b) (6) Birthplace: (b) (6)
Email: (b) (6) Social Security Number: (b) (6)

I hereby request assistance in the following federal matter:

<input type="checkbox"/> Social Security/Medicare	SSN: _____
<input type="checkbox"/> Veterans Administration	C#, CSS#, LHG#: _____
<input checked="" type="checkbox"/> Military	Branch/Service#: _____
<input type="checkbox"/> USCIS, NVC & State Dept.	Alien#: _____
<input type="checkbox"/> Other Federal Agency	_____

Please summarize in a few sentences exactly how my office can assist. Please be specific.

I am president of Technovative Applications, 3180 Enterprise, Brea, CA. We do R&D for the military, designing radar systems. We have been in business since 1987. My problem is securing final payment for an invoice for a government terminated project. We were a subcontractor to BAE, the prime, and the Navy terminated the project in 2009. We have exhausted every avenue we can think of to resolve this six year problem. I can provide history, and give you the Termination Contracting Officer's name and number.

Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.

Signature: (b) (6) Date: 5/23/2016

When this form is completed and signed, electronically (preferred) or physically mail it to:

Email Contact: (b) (6), Constituent Services Director at (b) (6)
Mailing Address: U.S. Representative Ed Royce, 210 W. Birch Street, Suite 201, Brea, CA 92821.

Barile, Cynthia

Subject: FW: Authorization Form

From: (b) (6)
Sent: Friday, May 20, 2016 3:55 PM
To: Barile, Cynthia <(b) (6)>
Cc: (b) (6)
Subject: Authorization Form

Hi Cynthia,

We sincerely request your help, and the help of Ed Royce's office. We have exhausted our ideas and strength trying to get this six year problem resolved.

We are hoping you or someone in your office can assist us. Attached is our form of authorization.

Our company has been in business since 1987. We design and build radar systems for the Army and Navy. We are a small company, under 50 employees.

I am writing for my husband, Jim, so if you call, please talk to him directly. His email is (b) (6)

(b) (6)

Technovative Applications

(b) (6)